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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/761,914	01/21/2004	Vincent E. Groppi	PC27871A	4018
23913 PFIZER INC	7590 06/09/200	8	EXAMINER	
Steve T. Zelson 150 EAST 42N	•	MAEWALL, SNIGDHA		
5TH FLOOR -	· <del>-</del>		ART UNIT	PAPER NUMBER
NEW YORK, N	NY 10017-5612		1612	
			MAIL DATE	DELIVERY MODE
			06/09/2008	PAPER

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intensions Summans	10/761,914	GROPPI ET AL.	
Interview Summary	Examiner	Art Unit	
	Snigdha Maewall	1612	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Snigdha Maewall</u> .	(3)		
(2) <u>Eileen Ebel</u> .	(4)		
Date of Interview: 29 May 2008.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	t)∏ applicant's representative	·]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f)☐ was reached. g	)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>A phone call was placed mailed in reply to Office Action mailed on 10/09/07. The Att mailed.</u>	to Attorney Eileen Ebel to che	ck if the respons	e was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OF THE SUBSTANCE OF THE INTERVIEW OF THE INTERVIEW OF THE SUBSTANCE OF THE INTERVIEW OF THE SUBSTANCE OF THE INTERVIEW OF T	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APPI DAYS FROM T WHICHEVER IS	LICANT IS HIS
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Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)